

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Attorney Docket Number	S02-272/US
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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <ul style="list-style-type: none"> <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Doc(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 	<input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Comm. to TC <input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences <input type="checkbox"/> Appeal Comm. to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other (<i>Specified below</i>)
Other:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

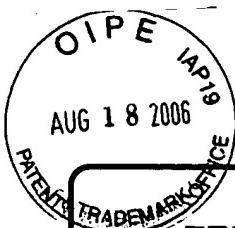
FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.		
SIGNATURE			
PRINTED NAME	Miriam R Kaplan		
DATE	8/16/06	REGISTRATION NUMBER	55,315

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

SIGNATURE	
PRINTED NAME	Abigail Capulong
DATE	8/16/06

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.
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Modified Version of PTO/SB/21
Approved for use through 07/31/2006

7FW

FEE TRANSMITTAL for FY 2005		Application Number	10/723166
		Filing Date	11/26/2003
		First Named Inventor	Raghav Raman
		Art Unit	2671
<input checked="" type="checkbox"/> Applicant claims small entity status. See CFR 1.27.		Examiner Name	Broome, Said
TOTAL AMOUNT OF PAYMENT	\$60	Attorney Docket Number	S02-272/US

METHOD OF PAYMENT (*Check all that apply*)

- A check or money order is enclosed to cover the filing fees.
 Payment by credit card. Form PTO-2038 is attached.

FEE CALCULATION

1. Basic Filing, Search and Examination Fees

Application Type:	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	
Utility	300	150	500	250	200	100	\$0
Design	200	100	100	50	130	65	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. Excess Claims Fees

- 2.1 Each claim over 20 or for reissues, each claim over 20 and more than in the original patent \$50 (\$25 small entity)
 2.2 Each independent claim over 3, or for reissues, each independent claim more than in the original patent \$200 (\$100 small entity)
 2.3 Multiple dependent claims \$360 (\$180 small entity)

Total Claims 19	- Threshold 20	=	Extra Claims 0	Fee (\$) X \$50 (\$25)	\$0
Indep. Claims 3	- Threshold 3	=	Extra Claims 0	Fee (\$) X \$200 (\$100)	\$0
Multiple Dep. Claims <input type="checkbox"/>				Fee (\$) \$360 (\$180)	

3. Application Size Fee

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to whole number). See USC 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____	Extra Sheets - 100 = _____ /50 = _____	Fee (\$) X \$250 (\$125)	\$0
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4. Other Fee(s)

Non-English specification (\$130 fee, no small entity discount)

08/18/2006 YPOLITE1 00090029 10723166
\$60.00

Other: One month extension

01 FC:2251 60.00 JP

SIGNATURE

PRINTED NAME	Miriam R Kaplan	TELEPHONE	650-424-0100
DATE	8/16/06	REGISTRATION NUMBER	55,315

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/723,166 Attorney Docket No.: S02-272/US
Filing Date: 11/26/2003 Art Unit: 2628
Applicants: Raman et al. Examiner: Said A. Broome
Title: Curved-Slab Maximum Intensity Projections

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on 8.16 '06.
Date

Abigail Capillary
Capillary
Signature

REPLY UNDER 37 CFR 1.111

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Sir:

In response to the Office Action mailed on April 21, 2006, Applicants submit the following remarks.